Aspects of Sexual Medicine

Sex Aids

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Sexual Stimuli

Sex stimulants are about us all the time. A man's or woman's mien, dress, hair style, gait, head carriage, voice, and bodily proportions have their sexual connotations. Some people consciously or unconsciously emphasize the erotic signals. They may do this with dress, cosmetics, perfumes, and mannerisms. There is a cult of long hair, moustaches, and beards for men, while women may discard their bras and roll-ons. There are colourful clothes for both sexes, and they are cut and tailored in various ways to emphasize parts of the body, especially the breasts, buttocks, and back in women, and muscularity and the genitalia in men. All these are attention catchers. Not all such signals affect the same or the opposite sex in the same way. There is, for instance, an obvious generation gap. One person's sexual meat may be another's poison. Fur and hair may be powerful erotic stimuli or of little significance to different individuals.

Each person is individually conditioned. This process begins with the family and school and continues at work and through the communications media. Even the daily press now carries articles on sexual behaviour, and there is little doubt that many of them are designed for titillation rather than education and instruction. This proceeds further with the overtly sexual photographs and advertisements. Further along the range are the more or less avowedly sexual magazines, both for men and for women. These always have articles on sexual topics, pictures, and advertisements, though a few throw in some non-sexual themes to give an air of respectability to themselves and their readers. The advertisements may, and often do, suggest ways to improve sexual performance. Most of these are spurious, involving doubtful creams and sprays for application to the genitalia. Some preparations are recommended to be taken orally, and they are usually harmless combinations of vitamins, minerals, and foodstuffs, for which there is no real proof of efficacy.

Sexual stimuli are purveyed by television, radio, stage plays and shows, and strip clubs and pubs. There are camera clubs and models, films, sauna baths, topless bars and restaurants, and brothels. There is a spectrum running from the public sexual stimulation of dress, cosmetics, dancing, and bathing to the private sexuality of monogamous couples, and ultimately to the extreme privacy of self-stimulation.

Drawing a Line

Probably all would agree that a line should be drawn somewhere between public and private sexuality, but few would agree on the placing of that line. The critics of the possibly too overt sexuality of today may have their own unconscious reasons for their attitudes, just as may its advocates. As with all of us there is a tendency to project private sexual mores on to the public. The range of sexual behaviour is certainly very wide, it seems reasonable for a person to believe that, though some kinds of activity are not for him, they may be fulfilling for others and in that sense legitimate. But there is always the proviso that no form of sexual behaviour should harm others. It is this requirement which makes the whole debate about sexuality difficult and inconclusive and never likely to issue in a consensus.

But the doctor in the surgery and consulting room is not essentially concerned with consensus. The objective there is to try to help the patient with his or her individual problems, and also to try to see that any solution does not harm others. The doctor must be tolerant of sexual attitudes and practices which may differ greatly from his own. In some cases it may be that various sexual aids may be helpful. They have not been widely used under medical advice, and therefore their efficacy is far from proved. Many of them may be useful in support of psychological therapy rather than being effective in their own right. Since little firm guidance can be given about them they will be described below in outline.

Sexual Aids

PERFUMES, CREAMS, AND LOTIONS

All scents and aromas, which are pleasant, have some sexual connotations, which are more powerful in some than in others. In a few these perfumes may be anti-sexual. Appropriately scented oils and unguents may be gently rubbed in to the patient's or partner's body; the massage, the feel of the base and the scent all have a psychic effect, which may be heightened by use on the erogenous zones of the back near the scapulae, the buttocks, breasts, abdomen, thighs and genitalia. The scent used must depend upon individual preference and the partner's agreement should be sought, for he or she may find any particular sexual practice abhorrent, and in the sexual sphere acceptance and tolerance are needed, not coercion. This applies to all sexual aids.

These simple techniques use touch, sight, and smell to achieve their effects. The sexual propensities of soft lights, sweet music, dancing, alcohol and conversation, using other sensory systems, are too well-known to need description.

MATERIALS AND DRESS

Some men and women find fur, silk and other materials almost irresistible. Some like to stroke themselves or their partners with these various stuffs to obtain arousal. These preferences may not have been discussed by the partners and may need exploration in the history.

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Men especially may find near nudity of the partner more stimulating than total nakedness. This explains the high sales of flimsy negligees, brief nightwear, small panties, brief bras, open-fronted hose, leather boots and rubber garments. It has been assumed that eroticism in men is more based in visual impressions than in women, though this may not be as true as it once seemed. There is an increasing market for briefs and unusual clothing for men. However, both men and women may buy these various things not so much to stimulate others as to stimulate themselves.

The history needs to explore the patient's fantasies so that these may to some extent be played out if the patient and partner are willing.

DRUGS AND OINTMENTS

The sex magazines have many advertisements advocating the use of oral preparations, and sprays and ointments to be applied to the genitalia. They suggest that the use of these will increase sexual potency. Few of the ingredients will have any demonstrable pharmacological effect. Their effectiveness, if any, must therefore depend upon the patient's power of belief in them. The ingredients are usually vitamins, with emphasis on vitamin E, whose role is quite unproven, together with varying mixtures of minerals and trace elements, carbohydrates and proteins. They should not be medically prescribed without full knowledge of their contents and likely actions. They could of course be used for their placebo effect. They are of high cost and widely advertised so suggesting the widespread concern with sexual performance, and the inadequacy that many men and women feel, or are made to feel by the near obsessive preoccupation with sexuality today. Much of the anxiety engendered seems to be deliberately done for commercial purposes, and so is culturally determined. Prevention of some of this trade might well diminish the number of sexual problems now being encountered.

Medically, testosterone and its derivatives have been used for declining sexual performance or frank impotence. The rationale of this needs further investigation. When given to women it has been thought by some to be valuable, partly because it might cause slight enlargement of the clitoris. There is no good evidence that it will increase the size of the penis, except where there is proven deficiency of the natural hormone. The male hormone is known to have cerebral effects which can be demonstrated in animal sexual behaviour, but these are not obviously demonstrable in Man. Such hormone treatment should be used with care and with the recognition that it may act only as a placebo, in which case something with less potential harm could be used.

Progesterone diminishes libido in some women. However the use of the combined contraceptive steroid pill may heighten libido by removing the fear of pregnancy. In animals the sex steroids affect the pheromone content of the vagina, and these may affect male sexual behaviour. Little is yet known of these substances in human sexual biology.

Oestrogens probably do not affect libido in women, except perhaps in high dosage. High doses in men diminish libido, a side-effect of oestrogen treatment in carcinoma of the prostate. It has also been used in the treatment of sexual offenders.

GENITAL STIMULATORS AND SUPPORTS

There is now a wide variety of mechanical appliances which will stimulate the genitalia or give various types of support. They have not been subjected to medical evaluation, but they must presumably be of use to some people, for they form a large part of the sales of the numerous sex shops which have opened in the last few years. There is also a large mail order business in them. Obviously the genitalia can be stimulated manually. Some use a shower spray held in the hand. For the vagina there is a whirling spray. More often used nowadays are battery operated vibrators, with a head that can be applied to the clitoris, other parts of the vulva, and the vagina. The advertisements suggest that they are best used with a cream containing vitamin E, to improve skin blood flow, but since the cream is to be rubbed into the area by hand it is probably the massage that does this. The vibrator is used either by the woman or her partner to bring her to a pre-orgasmic state, when intercourse may take place. Thus it may be of value in relative frigidity and slowness to arousal. Obviously too it may be a refined form of masturbation.

Men can use the vibrator directly or through a firm plastic sheath which fits over the penis. The distal end of the sheath is narrowed to accommodate the vibrator. Another type of sheath is closed at the distal end, and leading from it is a tube ending in a compressible bulb so that alternating pressures may be applied to the penis. It is a variety of massager. It is said to increase the size of the penis but there is no good evidence for this. There is unnecessary concern of the male with the size of the phallus, which is all too readily equated with sexual prowess. There is no obvious correlation.

There are devices for helping with the problem of impotence, whether total or partial, and with ejaculatio praecox. For partial impotence there is a short gutter of plastic applied to the underside of the proximal penis and held in place by two bands passing over the dorsum. It is worn during intercourse to help maintain erection. There are ridges on the outer surface of the gutter to increase vaginal stimulation. For total impotence there is a prosthesis which is hollow and shaped like the erect penis. It is held in place over the penis by an elastic belt encircling the body. It may be used in partial impotence too. Such aids come in three sizes, and may be used even when there are normal erections to increase either the effective circumference or the length of the penis. Such pliable yet firm appliances can help those couples where impotence is a problem due either to psychological or to obvious physical disease such as paraplegia or diabetes.

Solid and hollow plastic penises are made with a suitable handle for personal use or use by the partner. A scrotum may or may not be part of the design. In some the scrotum may be filled with warm water and at the right moment this may be squeezed so that a jet reaches the vagina to simulate ejaculation. These could be of value where there is male inability to perform the act satisfactorily, and may involve him with his partner when this would otherwise be impossible.

There are many plastic rings which may be applied to the penis either on the proximal shaft or just behind the glans. They all have soft protuberances on them to increase stimulation of the female. In the commonest type a small tongue projects upwards so that it may come into contact with the clitoris during deep penetration. The band at the base of the penis is said to help maintain erection by diminishing venous outflow. This may be so. The rings come in varying sizes, so measurements must be made on the erect penis.

Another type of ring which is to be worn much or all of the day encircles both the scrotum and penis. To allow of application a hinge and locking device are incorporated. In its simple form the advertisers advocate it as an alternative to the jock strap if the patient feels discomfort from the weight of the scrotum and its contents. A modification of this ring incorporates electro-galvanic plates on the parts which are in contact with the upper part of the penis and the posterior part of the scrotum. The plates are said to generate a small electric current which improves sexual function, increases blood flow, and may cure bed-wetting in older men. A priori these claims seem doubtful. Measurements for size must be made round the scrotum and flaccid penis.

For males there are plastic vaginas and even torsos including breasts, but these are only refinements of masturbation. For women there is an aid to be worn through the day which consists of one or two plastic balls firmly attached to a string for removal. Within each ball is a small free weight which is set in motion whenever the woman moves. This is said to cause erotic sensations and contractions of the levatores ani and

perineal muscles. If this is so it might be of value in restoring muscle tone after childbirth. Perhaps it deserves a trial.

Sexual Arc

Sexuality can be thought of in oversimplified terms as a reflex arc. The efferent output is to the genitalia and issues in orgasm. The efferent limb may be triggered by the psyche, or more likely by afferent stimuli affecting the psyche. These may come from any one of the senses, and their interpretation in sexual terms depends on the recipient head ganglion. These afferent stimuli may be heightened and the individual conditioned to accept them to increase arousal. Such increase in sexual tone may be helped through much of the day with such devices as vaginal balls and suspensory rings or at more specific times with vibrators, massage, and creams, or during intercourse and its preliminaries with some of the appliances described. If the doctor thinks that an appliance or method may be helpful then he should try to define it roughly in these terms from the history and in discussion with the patients and their partners.

The use of sexual aids is still controversial, and they may be of little real value. But the medical profession should know about them and realize that they are being widely used, for advice about them will be sought. It should be given on the best evidence available, though this is scanty as yet in the clinical sense. If certain sexual problems can be wholly or partly resolved by some of these aids, they deserve a trial.

Any Questions?

We publish below a selection of questions and answers of general interest

Negligent not to give Anti-D Gammaglobulin?

Is it now accepted practice to administer anti-D gammaglobulin to rhesus negative women who have had spontaneous abortions or miscarriages? If a practitioner does not follow this practice, would he be regarded as negligent in fact and in law?

The risk of isoimmunization after spontaneous abortion is about 3%.[1] The risk rises with increasing length of gestation and with any form of interference—even dilatation and curettage to complete an abortion. With easy availability of anti-D gammaglobulin, the risk is sufficient to make it highly desirable that all rhesus-negative women having spontaneous abortions should be given the globulin. The case is even stronger in induced abortions.

In court, to state that a line of clinical management "is now established practice" begs the question whether it is universally accepted as the only safe and sound management of the clinical problem. This would be a matter of expert evidence from clinicians. If they differed in the witness box as to the efficacy or safety of anti-D gammaglobulin as a prophylactic measure, as clinicians have done in court cases related to the prevention of tetanus, the practitioner should not be held negligent simply because the clinical outcome of a pregnancy was unfavourable, and the patient alleged that this could have been prevented by administration of anti-D gammaglobulin at the time of an earlier miscarriage. The doctor should, of course, be in a position to say that he had considered whether to administer it and had decided not to do so. His legal advisers would need supporting evidence from colleagues in his field of practice that they regarded his reasoning as sound and in accordance with their school of thought or "established practice" in this type of case.

It might be more difficult to persuade the court that the doctor had not been negligent if he had to acknowledge that he had been unaware of a school of thought (or of unanimous agreement if it exists) that anti-D gammaglobulin should be administered and had thus not applied his mind to the question whether it might benefit his patient. The High Court has ruled[2] that a doctor does not have an absolute duty to be aware of all published warnings of risks arising in his field of practice: Lord Denning said ". . . the medical man's duty is limited to taking reasonable steps to keep himself abreast of modern developments in technique . . . failure to read a particular article may well be excusable, while disregard of a series of warnings in the medical press would perhaps be cogent evidence of negligence." Finally, a doctor who is not "negligent in fact and in law" is nevertheless not immune to court action by dissatisfied patients.

[1] Queen, J. T., Gadow, E. C., and Lopes, A. C., *American Journal of Obstetrics and Gynecology*, 1971, **110**, 128.
[2] Crawford *v.* Charing Cross Hospital (1953) Times Law Reports.

Hazards of Polyurethane Paint Sprays

What are the dangers to car workers using polyurethane paint sprays?

The volatile diisocyanates used in the preparation of polyurethanes—for example, toluene diisocyanate and hexamethylene diisocyanate—are highly toxic and cannot be used in surface coatings and paint sprays. Toluene diisocyanate vapours severely irritate the mucous membranes, especially the respiratory tract and eyes, and may produce respiratory distress.[1] In practice this difficulty is overcome by polymerization to give isocyanurates or combination with polyols so that an isocyanate of much higher molecular weight is obtained. These high molecular weight isocyanates are of negligible vapour hazard and are used in paint sprays. A little of the primary isocyanate, however, may remain and the hazard in use is therefore governed by the amount remaining.

Converting such isocyanates to polyurethanes is done by mixing them with a hydroxyl-ended polymer or, alternatively, the hydroxyl-ended polymer is reacted with an excess of diisocyanate and the resultant polymer can then form films simply by reaction with atmospheric moisture. This greatly reduces health hazards from the use of isocyanates. In addition to the isocyanate polymers spray paints may contain various solvents such as butyl acetate, ethyl acetate, various ketones, and aromatic hydrocarbons. These are usually of low toxicity[2] and should not present any great hazard so long as workers take sufficient safety precautions. Protective gloves should be worn, no food or drink taken in spraying shops, and great attention paid to personal hygiene. Anyone working with isocyanates should be aware that they are potent sensitizers by skin contact as well as inhalation. Nevertheless, with good working conditions, including efficient ventilation, spray painting with polyurethane paints should present no great hazard.

[1] Swennson, A., *et al.*, *British Journal of Industrial Medicine*, 1955, **12**, 50.
[2] Browning, E., *Toxicity and Metabolism of Industrial Solvents*. London, Elsevier Publishing Company, 1965.